HCFA MARKET RESEARCH FOR BENEFICIARIES

SUMMARY REPORT ON THE GENERAL MEDICARE POPULATION

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HCFA Market Research
Summary Report on the General Medicare Population

Chapter 1. Summary

As part of its long-term strategic plan, the Health Care Financing Administration (HCFA) has undertaken an Agency-wide initiative to adapt its operations to improve communications with Medicare beneficiaries and with its provider partners. Helping beneficiaries to understand their choices among health care plans, providers, and treatment options is especially important now that the Balanced Budget Act (BBA) of 1997 has expanded the plan design options available to beneficiaries and presents them with a much more complex set of choices. Medicare beneficiaries need to understand the various features of different plans in order to choose the design that best meets their needs.

Purpose of Research

Simply providing information will not help beneficiaries if they do not:

- Know that the information is available,
- Know how to access the information, or
- Understand the information well enough to make good choices or use their Medicare benefits judiciously.

The Market Research for Beneficiaries project was designed to provide HCFA with answers to the two fundamental questions that underlie effective communication strategies:

- **What information do beneficiaries want or need from HCFA?**
- **What are the best ways to communicate that information to them?**

The market research project is particularly important given that the communication environment is changing in several important ways. Messages about insurance and health care delivery are becoming increasingly complex, especially as the BBA expands beneficiaries' health plan options; the Medicare population is becoming larger and more diverse; and, perhaps most importantly, exciting new communication technologies continue to emerge and offer HCFA increased opportunities to interact with beneficiaries and its partners.

Methodology

The Market Research for Beneficiaries project collected data from three sources:

- an inventory of "best communication practices" from a variety of organizations and individuals who work with Medicare beneficiaries;
- focus groups with Medicare beneficiaries; and,
- a national survey of the Medicare population.

Each of the data sources has particular strengths. Together, they can provide HCFA with an understanding of communication with beneficiaries that is broad in scope, deep in content, and representative of the non-institutionalized elderly Medicare population. The survey of Medicare beneficiaries helps ensure that the information gathered is representative of beneficiaries, while the focus groups and inventory of organizations contribute more in-depth information than can be obtained from a large-scale survey. A description of methodologies for each of the data collection modes is contained in a separate appendix.

This report synthesizes key findings from the three sources, focusing on information needs and effective communication strategies for the general Medicare population that is 65 years old or older and not living in a short- or long-term care facility. Subsequent reports will summarize key findings from the three data sources for the following beneficiary groups, who may have special information needs or require tailored communication strategies:[1]

- African American beneficiaries,
- Hispanic American beneficiaries,
- Beneficiaries who are dually eligible for Medicare and Medicaid,
- Beneficiaries who live in rural areas,
- Beneficiaries with vision impairments,
- Beneficiaries with hearing impairments, and
- Beneficiaries with a limited education or low literacy skills.

Each summary report will contrast and compare the findings from the three sources of data for the specific subgroup. Taken together, the eight summary reports will provide HCFA with an overall picture of how it can best design communication strategies to improve the information flow to all Medicare beneficiaries.

Key Findings and Implications

Key Findings

The Market Research for Beneficiaries project has identified many communication techniques and organizational development issues that can help HCFA better serve its primary customers –

[1] "About-to-enroll" beneficiaries were also selected for special study, but the work on this subgroup has not yet been completed.

Medicare beneficiaries. These findings have been detailed in project reports, briefs, and presentations. They are also summarized in the following sections of this report. Seven key themes emerge from the market research:

1. **Many elderly Medicare beneficiaries lack the most basic understanding of the Medicare program, and even beneficiaries who are familiar with the program often have significant information gaps.**

Beneficiaries' lack of basic knowledge has important implications for HCFA's communications strategies. Many current efforts to inform Medicare beneficiaries about their choices—including those planned for informing them of their new Medicare+Choice options—make use of detailed information to compare benefit packages, costs, and the many other features of each type of plan or compares plans of the same type in a market area across these characteristics. However, beneficiaries who have misconceptions or gaps in knowledge about how the current program works will have a difficult time recognizing and understanding what is new or changing about the program. They will also have great difficulty in understanding the nuances of the comparative plan information that will be provided to them.

2. **Beneficiaries have three primary types of information needs:**

- basic information needs,
- navigational information needs, and
- situation-specific information needs.

Basic information needs encompass whether and how to enroll in Medicare Part B; whether to join a managed care plan or remain in the traditional fee-for-service Medicare system; whether some kind of supplemental insurance coverage is needed, which includes knowledge about which broad categories of services (e.g., long-term care, prescription drugs) Medicare does or does not cover and Medicare's cost-sharing requirements for covered services.

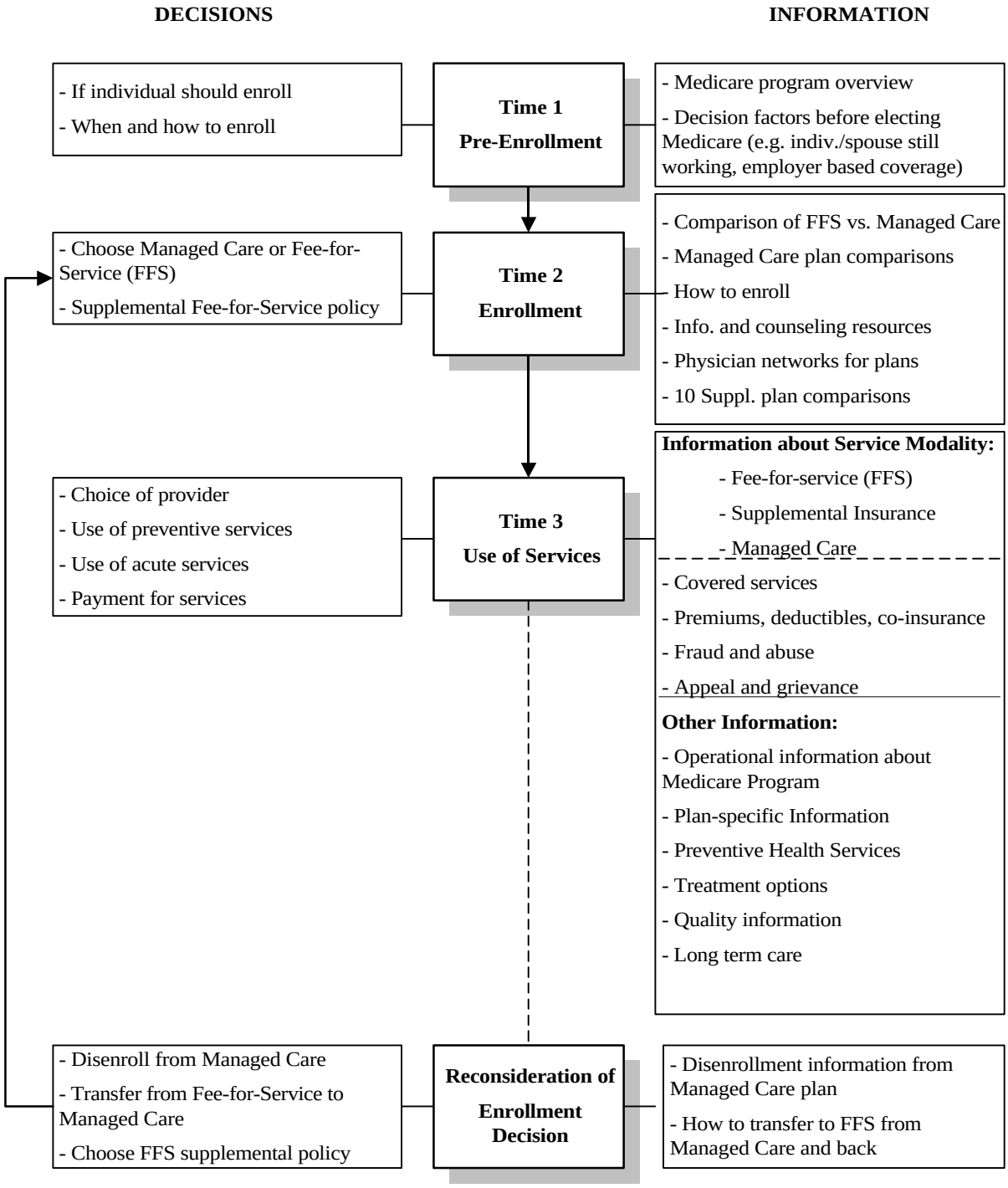
As beneficiaries "navigate" their way through the Medicare system, they also need to understand how to make the best choice among managed care plans or supplemental insurance plans for their own situation, how to choose health care providers that will meet their needs, how to access specialists in a managed care or fee-for-service environment, and the importance of receiving preventive services to maintain good health.

Other information needs are specific to certain beneficiaries in certain situations, such as locating a participating physician in a given geographic area, whether a piece of durable medical equipment is covered by Medicare, or how much the out-of-pocket expenses will be for a new pair of eyeglasses.

3. Information needs of beneficiaries evolve and change over time.

As beneficiaries enter the program, begin using Medicare-covered services, and continue to age, their health needs and informational needs change. Figure 1.1 below illustrates the evolving information needs of Medicare beneficiaries.

Figure 1.1
Example of Information Needed by Beneficiaries over Time*
*included for illustration only



Because the information needs of beneficiaries change over time, it is critical that information is available at the time they need it, on relevant topics, and that beneficiaries know how to access it.

4. Beneficiaries differ in their approaches to gathering information.

Beneficiaries generally adopt one of the following three strategies for seeking information:

- A minority of beneficiaries appear to *proactively* gather information;
- A second, and much larger, group of beneficiaries tend to seek information as it is needed, in a *reactive* mode; and
- A large number of beneficiaries appear to be *passive* information-seekers.

Proactive information seekers collect and review a considerable volume of information about Medicare-related topics and may do so in advance of needing the information. They contact many sources for information on the Medicare program, and value comprehensive, accurate, and up-to-date information.

In contrast, *reactive information seekers* tend only to search for information for a specific need when it arises, prefer to get information from a single source, and place a premium on being able to find an adequate answer to their specific question quickly.

Passive information seekers lack specific strategies for gathering information they need, may be overwhelmed by the Medicare system, and rely heavily on information that is delivered to them automatically or that is obtained from family members or other trusted advocates. They may make poor decisions or fail to obtain valuable services due to lack of information.

5. Preferred sources of information and preferred communication modes for obtaining that information often depend on the topic.

The MCBS analysis indicates that beneficiaries were more likely to prefer Medicare sources (the Medicare program, a Medicare carrier, or a Medicare 800 number) to obtain information about the Medicare program in general, about the availability and benefits of Medicare HMOs (or HMOs if one is located in their area), and about beneficiary charges for Medicare-covered services. They most preferred to contact a doctor or other medical provider for information on how to choose a doctor or how to stay healthy, and an insurance company for information on supplemental insurance.

Information on broad topics—the Medicare program in general, information about staying healthy—is most effectively disseminated via non-interactive modes such as pamphlets and brochures, radio, television and videos, or magazines and newspapers. In contrast, beneficiaries prefer to use interactive communication modes when they have specific questions about their health care needs or the Medicare program. Interactive modes include one-on-one conversations either in-person at counseling centers, senior groups, or other community-based organizations

that partner with HCFA or via the toll-free telephone lines, and interactive uses of the computer and Internet.

6. The preferred communication approach also depends, in part, on a beneficiary's information-seeking behavior:

- Written materials (e.g., pamphlets, the Medicare Handbook) tend to be good sources of general information for people with proactive search behavior. Proactive information seekers often choose detailed printed material that they can review thoroughly and refer back to when needed
- Beneficiaries with specific and immediate information needs who reactively seek information generally prefer interactive communication formats (e.g., telephone hotlines, the Internet, one-on-one counseling through State Health Insurance Assistance Programs (SHIPs)) where they can hone in on the particular information they require without having to wade through a lot of perceived extraneous material. Printed material is also valuable for reactive information seekers when they can refer to the material to answer a specific question through an easily accessible format.
- Beneficiaries who are passive information seekers are best served by interactive modes for all types of Medicare information. They are also particularly likely to benefit from information strategies that involve diverse media (e.g., TV, radio, telephone hotlines), formats (e.g., written and audio), and channels (e.g., through local TV and radio stations, through community organizations such as senior groups, churches and civic organizations, and through SHIPs). Disseminating information through a variety of sources and channels increases the chance that passive information seekers will come upon the information they need.

7. Information needs to be simplified and presented in a layered approach.

- A layered approach to presenting complex information should be used in which the initial presentation is simple and concise—in summary format—and is followed by content that is more technical or detailed. The aim of layering is to help beneficiaries identify and get the level of detail they prefer without having to work through information they do not want, and to build more complex ideas on a solid knowledge base of basic ideas. Proactive information seekers can choose their own level of detail, while reactive information seekers can focus on the information they need most immediately.
- Before any text is written, the material to be communicated should be broken down into its component ideas, and organized into basic conceptual "chunks." This allows the audience to identify each single and basic concept, around which more detailed and complex information can then be presented.
- All Agency communications with beneficiaries should avoid technical language, jargon, and difficult words; use active voice and simple sentence structure; and highlight major issues, using short sentences, and elaborate on confusing issues.

- Also, unless previously explained, definitions nested within other undefined terms should be avoided, as should mixing summary information with more detailed information.

Strategies for Understanding Beneficiaries' Information Needs

In addition to identifying the information needs and information-seeking styles of Medicare beneficiaries, the market research project gathered information on how organizations understand and meet the needs of their customers. The four key findings of the market research include the following:

- Gathering data on customer information needs is a critical and ongoing component of the quality improvement cycle.
- Effective organizations use both formal and informal methods to understand customer needs on a continuing basis. Formal techniques include surveys and focus groups. Informal approaches include periodic discussions with customer service representatives and collecting and disseminating studies, articles, etc., on the target population
- Effective organizations make it easy for customers to provide feedback. The organizations we spoke with use a variety of techniques to facilitate customer feedback, from callbacks to a sample of customers who used a toll-free number to on-the-spot surveys of customer satisfaction.
- Effective organizations build the use of customer feedback into their on-going quality improvement process. For example, some organizations formally incorporate using customer feedback to make needed changes into the performance appraisals of their staff.

HCFA has already established many strong partnerships with organizations serving beneficiaries. By building on existing partnerships and developing others, HCFA can leverage its resources to obtain additional or targeted feedback on the information needs of beneficiaries.

Implications for HCFA

The market research findings that beneficiaries have large information gaps, have different types of information needs at different points in time, and use various styles for obtaining information implies that:

HCFA should pursue three distinct communication strategies.

(1) HCFA should continue to work to ***improve its widely available information and reference material,*** such as the Medicare Handbook and new enrollees' packet. These materials serve to inform proactive information seekers and provide an excellent source of Medicare information for some passive and reactive information seekers who prefer information in this format.

(2) HCFA should conduct ***"outreach and awareness campaigns."*** This type of campaign would ensure that beneficiaries are aware of a Medicare-related topic (e.g., "Do you know that some doctors charge more than Medicare will pay them?"), that the information on the topic is available when beneficiaries need it (e.g., "If you encounter such a situation, Medicare can tell you how to avoid these extra charges."), that beneficiaries know how to access the information (e.g., "To find out what your out-of-pocket expenses might be or how to avoid them, call 1-800-XXXX), and that the information answers beneficiaries' questions without requiring them to expend a lot of time or energy (e.g., the toll-free number quickly puts the beneficiary in contact with a knowledgeable person). A main message of this approach is: "Information is available on a given topic, and here's how to obtain it."

    This communications strategy will especially appeal to reactive information seekers who want to know how to find information quickly and easily at the time they need it. The approach will also be very useful for passive information seekers by making them aware of topics they might not know about, and by substantially reducing barriers to obtaining the information.

(3) HCFA should pursue ***"targeted education campaigns."*** This type of campaign would focus on a few select topics HCFA most wants beneficiaries to know about, conveyed through an intensive multi-faceted communication campaign. The campaign would be designed to inform the widest possible audience, including passive, reactive, and proactive information seekers, about important and specific topics.

All three components of such a communication strategy will appeal to proactive information seekers, who will be able to easily find information as they actively search for it. However, the proactive beneficiary is not the only audience for HCFA's messages. The Agency also must assure that beneficiaries who only look for information when it is needed and those who do not even know how or where to begin to obtain the information they need will also be able to find answers to their questions.

Prior to discussing the three communication strategies in more detail, several chapters profile the elderly Medicare beneficiary population in terms of their demographic, socioeconomic, and health characteristics, and provide an overview of different information-seeking behaviors and information needs observed during the market research. In order for HCFA to effectively manage its resources and develop useful communications for the various members of its audience, HCFA needs to first understand who their audience is. The Agency can then segment beneficiaries into meaningful groups that share similar characteristics in order to tailor marketing messages and communication approaches to those unique characteristics.

Organization of the Report

This report is organized around the two basic research questions indicated above. Chapter 2 provides a profile of elderly beneficiaries that emphasizes the changing characteristics of beneficiaries as they age. Chapter 3 summarizes the most important information needs and knowledge gaps of elderly Medicare beneficiaries. Because the market research found that

effectively communicating information to beneficiaries depends heavily on individuals' approaches for searching for information, Chapter 4 introduces the three distinct types of information-seeking behavior observed during the market research. Based on both beneficiary information needs and the various ways they seek information, Chapter 5 provides details about three distinct approaches to communication that, if undertaken, should significantly improve the information flow from HCFA to all beneficiaries.

Chapter 2. Profile of Medicare Beneficiaries

This chapter provides a profile of non-institutionalized elderly Medicare beneficiaries' demographic, socioeconomic, and health characteristics obtained from the 1997 Medicare Current Beneficiary Survey (MCBS).[2] A key social marketing concept is to know one's audience and tailor materials specifically to them. The profile of Medicare beneficiaries suggests that HCFA's audience can be segmented into multiple groups. By segmenting the beneficiary audience, HCFA can tailor its approach to more effectively reach beneficiaries in each segment.

Medicare Beneficiary Demographic Characteristics

A slight majority of the elderly non-institutionalized Medicare population is 65 to 74 years old (Figure 2.1). Approximately one-third of this population is 75 to 84 years old. The oldest-old—those age 85 years or older—currently comprise 9 percent of all elderly beneficiaries. **Females make up an increasingly larger percentage of beneficiaries as they age due to higher survival rates for females than males.** In 1996, females accounted for fully three-fourths of beneficiaries in the sample population who were 85 years or older (Figure 2.2).

Household composition for elderly beneficiaries also changes as they grow older (Table 2.1). **The percentage of seniors living alone or with children increases sharply in the older age groups, with fewer beneficiaries living with a spouse**. More than twice the proportion of beneficiaries age 85 or older lived alone in 1996 compared with those ages 65 to 74.

About 85 percent of elderly beneficiaries are White non-Hispanic, with African Americans making up the second largest group at 8 percent (Table 2.2). Although Hispanics account for only 6 percent of elderly beneficiaries in the sample, they are a rapidly growing part of the Medicare population. For example, while beneficiaries in the youngest age cohort (those 65 to 74) made up 54 percent of the non-Hispanic White beneficiary subpopulation, this age group accounted for a significantly higher percentage (63 percent) of the Hispanic beneficiary subpopulation (Table 2.2). About one-fourth of the elderly Medicare population lived in non-metropolitan areas in 1996, meaning they are likely to have less access to health care providers, hospitals, and HMOs (Figure 2.3).

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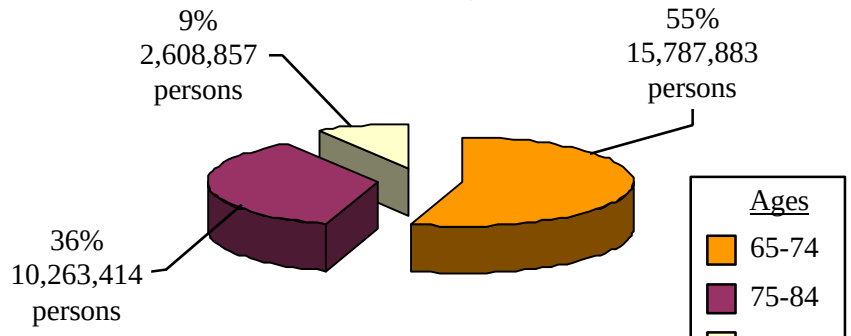
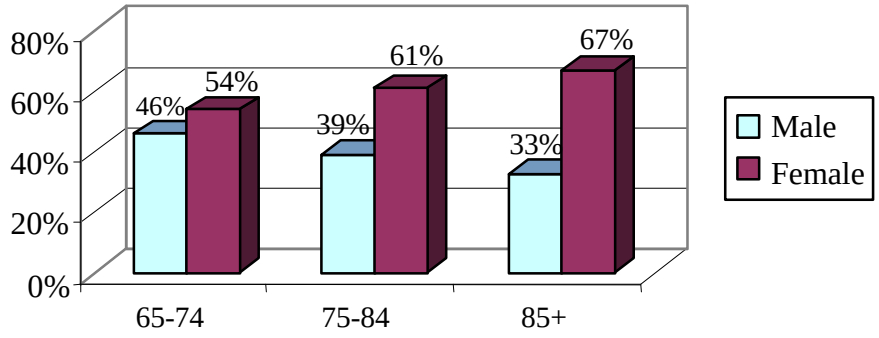
[2] An important component of the market research project was the addition of supplemental questions to the MCBS instrument in the Winter (round 17) and Summer (round 18) of 1997. The MCBS supplements had an original sample size of approximately 13,000 Medicare beneficiaries who participated in Rounds 16, 17, and 18 of the MCBS. Because the market research project focuses on the elderly Medicare population living in the community, however, beneficiaries younger than age 65, or beneficiaries 65 or older who were living in short-term or long-term care facilities during those rounds, were excluded from the analysis. This yielded a sample size of approximately 10,800 beneficiaries. The sample represents roughly 29 million Medicare beneficiaries age 65 or older who lived in a community setting in 1996/1997.

Figure 2.1 Age Distribution of Medicare Beneficiaries, 1996



Data Source: MCBS

Figure 2.2 Gender of Medicare Beneficiaries by Age, 1996



Data Source: MCBS

Table 2.1 Living Arrangements of Medicare Beneficiaries by Age, 1996

Living Arrangement	Age 65-74	75-84	85+
Lives Alone	23%	36%	51%
Lives w/spouse	65%	50%	24%
Lives w/children	7%	9%	17%
Lives w/others	5%	5%	8%

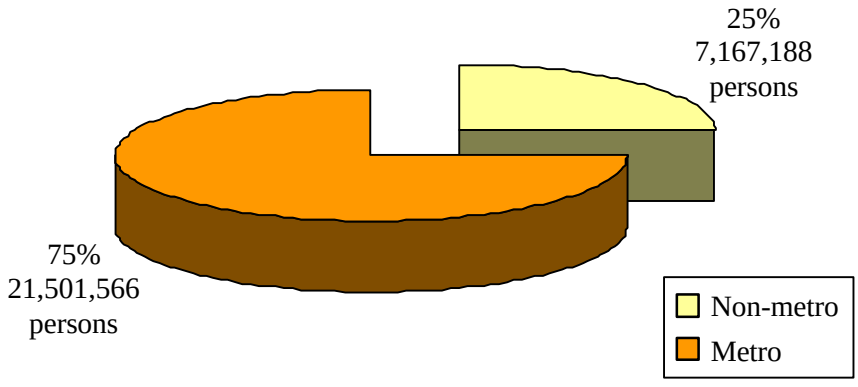
Data Source: MCBS

Table 2.2 Race/Ethnicity Distribution of Medicare Beneficiaries by Age, 1996

Race/Ethnicity	% of Total Beneficiaries	Number of Persons*	Distribution by Age		
			65-74	75-84	85+
White, non-Hispanic	85%	24,237	54%	37%	9%
Black, non-Hispanic	8%	2,164	57%	33%	10%
Hispanic	6%	1,663	63%	29%	8%
Other race/ethnicity	2%	605	62%	32%	6%

Data Source: MCBS **Numbers listed are in thousands*

Figure 2.3 Metropolitan/Non-Metropolitan Status of Medicare Beneficiaries, 1996*



Data Source: MCBS ** Applies to beneficiaries 65 years and older.*

Medicare Beneficiary Economic Characteristics

The income distribution of the elderly becomes dramatically skewed toward lower incomes as they age. In 1996, about one-third of elderly beneficiaries 65 to 74 years old reported an annual income less than $15,000 (either the beneficiary alone or the beneficiary and spouse) compared with almost two-thirds of beneficiaries age 85 years or older (Figure 2.4). **This trend reflects, in part, the lower education level of the older cohorts of beneficiaries**. While 17 percent of those ages 65 to 74 completed only 8th grade or less, a much greater percent (38 percent) of those 85 years or older had at most completed 8th grade (Table 2.3).

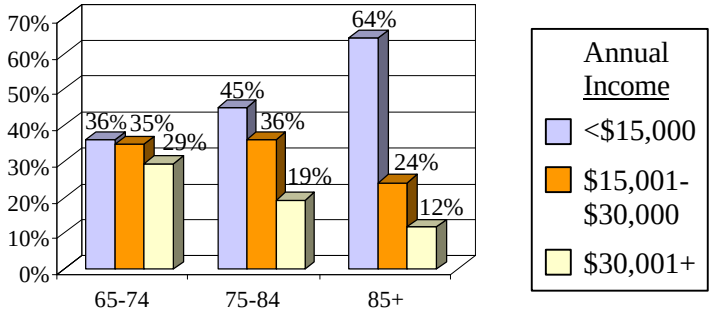
The markedly lower education levels of the oldest old means that this age group, in particular, requires written materials geared toward low literate individuals (i.e., at the 5th grade reading level or lower) and other communication formats that do not depend on reading ability (e.g., radio, TV, audiocassettes, and toll-free telephone numbers).

The income distribution of beneficiaries has implications for the types of information HCFA needs to provide to different groups of beneficiaries. The focus groups found that program information needs of beneficiaries are related to their socio-economic status—more affluent or well-educated beneficiaries want more information about claims and processing, while less affluent or less well-educated beneficiaries were more likely to want basic program information.

Despite relatively low income levels, only 8 percent of the elderly Medicare population living in the community were Medicaid recipients in 1996 (Figure 2.5). This most likely results from excluding disabled beneficiaries and those living in long-term care facilities from the study sample, as both groups of beneficiaries have higher rates of dual Medicaid/Medicare eligibility. It also reflects a lack of knowledge by many Medicare beneficiaries that they are eligible for some Medicaid benefits. HCFA is currently looking for ways to improve education and outreach to this population.

Income may account in part for the negative correlation of age with access to newer communication technologies such as cable TV, VCRs, and the Internet. VCR and Internet access in particular decline with age (Figure 2.6). Approximately twice the proportion of beneficiaries ages 65 to 74 had access to VCRs and the Internet compared with the oldest cohort of beneficiaries 85 years or older. This implies that the use of videocassettes and the Internet to impart information to beneficiaries are currently more appropriate for the younger cohort of elderly beneficiaries, but will become more important vehicles to HCFA over time. Few beneficiaries in the focus groups felt themselves computer literate and almost none of the participants had been on the Internet, although many reacted positively to a hypothetical user-friendly, accessible system for information about Medicare.

Figure 2.4 Income Distribution of Medicare Beneficiaries by Age, 1996



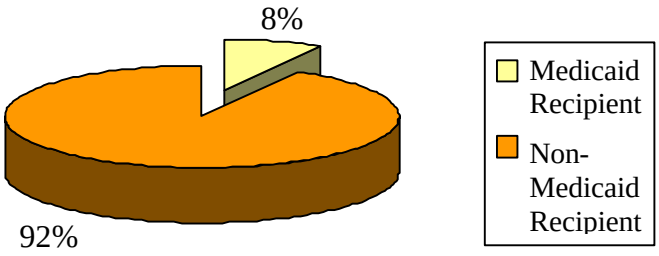
Data Source: MCBS

Table 2.3 Educational Levels of Medicare Beneficiaries by Age, 1996

Years of Education	Age 65-74	75-84	85+
0-5 years	6%	7%	10%
6-8 years	11%	16%	28%
9-11 years	15%	16%	15%
12 years	36%	33%	21%
> 12 years	32%	28%	26%

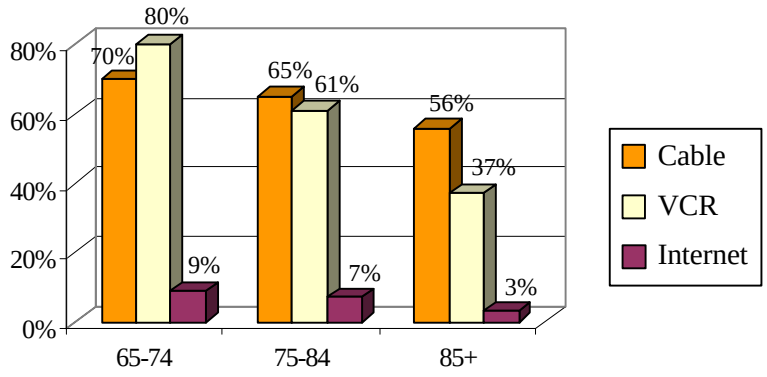
Data Source: MCBS

Figure 2.5 Medicaid Status of Medicare Beneficiaries, 1996*



Data Source: MCBS ** Applies to beneficiaries 65 years and older.*

Figure 2.6 Medicare Beneficiary Access to Technology by Age, 1997



Data Source: MCBS

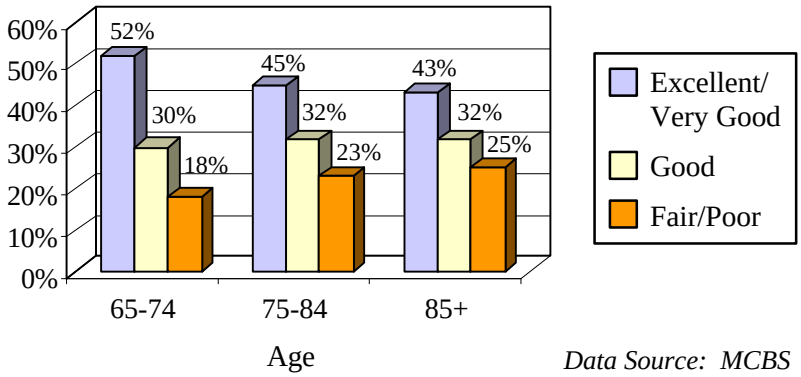
Medicare Beneficiary Health Characteristics

As might be expected, beneficiary self-reported general health declines with age. However, the percentage of those 85 years or older in the sample who reported being in only fair or poor health (25 percent) is not as different as might be expected from the percentage of 65 to 74 years old who reported being in fair or poor health (18 percent) (Figure 2.7). The same general trends hold for hearing and vision impairments, with the fraction of beneficiaries having trouble with their hearing or sight increasing with age (Table 2.4).

General health status measures, however, may not capture the increasing frailty of beneficiaries as they age. A better measure is the number of Activities of Daily Living (ADLs) that a beneficiary has difficulty performing without assistance. ADLs are activities related to personal care (i.e., bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating). Beneficiaries have more trouble performing these activities on their own as they age. Nearly 37 percent of beneficiaries age 85 or older in the sample had difficulty performing one or more ADL compared with only 12 percent of those 65 to 74 years old (Table 2.5). While less than 3 percent of beneficiaries age 65 to 74, and 6 percent of those age 75-84, had difficulty with three or more ADLs, 15 percent of beneficiaries 85 years or older could not perform three or more ADLs without assistance.

The various changes in beneficiary characteristics as they age imply that HCFA must diversify its communication activities – one size does not fit all. The oldest old beneficiaries are likely to be particularly difficult to communicate with successfully. They require communication modes tailored for people with more cognitive impediments, lower literacy skills, lower incomes, and less access to newer communication technologies.

Figure 2.7 Self-Reported Health Status of Medicare Beneficiaries by Age, 1996



Data Source: MCBS

Table 2.4 Hearing and Vision Impairments of Medicare Beneficiaries by Age, 1996

	Age		
Impairment	**65-74**	**75-84**	**85+**
Hearing			
No hearing problem	63.1%	53.3%	41.3%
Trouble hearing	36.8%	46.5%	58.3%
Deaf	0.1%	0.2%	0.4%
Vision			
No vision problem	67.1%	58.3%	45.8%
Trouble seeing	32.7%	41.1%	52.1%
Blind	0.2%	0.6%	2.1%

Data Source: MCBS

Table 2.5 Medicare Beneficiary Difficulty with Performing ADLs* by Age, 1996

	Age		
ADL Count**	**65-74**	**75-84**	**85+**
0	88%	81%	63%
1	6%	9%	15%
2	2%	4%	7%
3	1%	3%	6%
4	1%	2%	6%
5	0.5%	0.9%	3%

**ADLs = Activities of Daily Living*
***ADL Count = Number of ADLs beneficiary has difficulty performing without help.*

Data Source: MCBS

Summary

A key social marketing concept is to know one's audience and tailor materials specifically to them. There are a number of ways HCFA can segment its audience, depending on the factors most meaningful to HCFA's particular campaign. The demographic, socioeconomic, and health characteristics of Medicare beneficiaries suggest that HCFA's audience can be segmented into the following illustrative groups:

1. Over half of beneficiaries are ages 65 to 74, are white non-Hispanic, primarily live with their spouse, are in good to excellent health, have completed the 8th grade, live in a metropolitan area, and have access to cable TV and a VCR. HCFA can probably reach these beneficiaries using traditional formats since this audience segment is the most likely to read, to attend seminars or health fairs, to be comfortable using a telephone tree, and to have access to the Internet.

2. The audience segment ages 75 to 84—who represent roughly one-third of the elderly beneficiary population—are more likely to have hearing and vision impairments than the younger segment, are more likely to live alone, to be female, and to be less educated. Formats will need to be adapted to make print materials accessible to vision- and hearing-impaired individuals. HCFA should also use additional channels to reach these beneficiaries, such as using media and person-to-person approaches, as they are more likely to be homebound and tend to watch more television than other groups.

3. Reaching the audience segment 85 years old or older, which represents approximately 10 percent of the beneficiary population, will require an ever-greater level of resources, and a greater reliance on local community providers who can deliver information person-to-person. Another avenue to reaching these beneficiaries is through providing information to their families, especially adult children who may have assumed care-taking responsibility.

By segmenting the beneficiary audience, HCFA can tailor its approach to more effectively reach beneficiaries in each segment. The next chapter describes the types of information beneficiaries want or need from HCFA.

Chapter 3. What Information Do Beneficiaries Want or Need from HCFA?

This chapter presents a synthesis of findings from the market research project on the information related to Medicare coverage and health care needs that Medicare beneficiaries need or want. Included are discussions of basic information needs (and beneficiary groups that particularly need basic information), navigational information needs, and situation-specific information needs. **The single most important finding from the market research is that Medicare beneficiaries want information that is *timely, relevant,* and presented in a way that is *easily comprehended* and within the context of their own personal circumstances.**

Key findings on the information needs of beneficiaries:

- Many beneficiaries lack a basic understanding of the Medicare program;
- Beneficiaries who are familiar with the program often have significant knowledge gaps, particularly of the details of certain program components or features;
- One large knowledge gap is in the area of managed care and how it works within Medicare;
- Information on out-of-pocket cost is very important to beneficiaries;
- Beneficiaries often do not know where to go to obtain information;
- Beneficiaries are often frustrated by their inability to obtain the information they want; and
- Beneficiaries want information that is concrete, useful, and addresses their day-to-day concerns.

The information needs of beneficiaries also evolve and change over time. For example, certain information is specifically relevant to the beneficiary being introduced to Medicare ("What broad categories of services are covered?"), whereas other navigational information is more relevant to the tenured beneficiary's ongoing use of the Medicare program ("How do I file an appeal?").

Basic Information Needs

Basic information needs center on four general areas:

- Enrollment,
- How Medicare works (such as covered services and cost sharing),
- Managed care vs. fee-for-service, and
- Supplemental insurance.

The market research indicated multiple deficiencies in beneficiaries' basic knowledge of the Medicare program. Although most beneficiaries know about Medicare itself, and many generally know how the program works, they primarily know about its major features. They tend to have inadequate knowledge of services that are infrequently used (such as long term care, second surgical opinion, or coverage of durable medical equipment) or recently implemented

benefits (such as influenza and pneumonia shots). Additionally, beneficiaries tend not to understand the details of significant aspects of the Medicare program, such as managed care and supplemental insurance. This finding is particularly important to Medicare's efforts to educate beneficiaries about their options under Medicare+Choice.

The market research found large gaps in beneficiaries' knowledge of the Medicare program, including deficiencies in understanding significant components of the Medicare program, such as supplemental insurance and managed care.

The lack of depth of understanding was illustrated during a site visit in which information, counseling, and assistance (ICA) program counselors noted that Medicare beneficiaries often confuse Medicare Part A and Part B with the standard Medigap policies that are also labeled "A" and "B." The confusion results simply from the fact that both are labeled "A" and "B." Similarly, some focus group participants viewed their Medicare HMO as "not Medicare."

Enrollment

A key finding is that beneficiaries have several basic questions associated with the enrollment process. These questions are summarized in Table 3.1, along with recommended communication strategies to address them.

Table 3.1 Basic Information Needs and Communication Strategies

Basic Information Need	Recommended Communication Strategy
Do I qualify for Medicare?	Current enrollment package includes a questionnaire to help individuals decide whether or not they qualify. These questions should be clear, concise and provide a logical sequence of action steps tailored to each scenario (e.g., already receives Social Security, government employee, spouse still works, etc.). The action steps should directly follow each defining question and list deadlines for each action.
Medicare Overview	Explain Part A and Part B and introduce terms such as "assignment," "deductible," "co-insurance" as well as managed care terms such as "network" and "PCP." These definitions will familiarize beneficiaries with terms they will encounter in the *Handbook* and other Medicare-related documents and forms. BCBS of CA developed a packet of this type of information.
Fee-for-Service or Managed Care?	By far, respondents said the best strategy is the comparison chart that clearly shows similarities and differences among available options. The Oregon ICA produces a *Consumer's Guide* that covers both supplemental plans and HMOs.
Supplemental Insurance	Region specific comparison chart - HCFA produces this through various ICAs (now called SHIPs). Some respondents said that beneficiaries find it confusing. A possible remedy is to simplify it, and present an explanation of each of the comparison dimensions.
Managed Care Plans	Region specific comparison chart - Because beneficiaries are confused by marketing materials from the plans, respondents said they would like to receive more information from HCFA. The HCFA *Medicare Managed Care Resource Information Directory* might be one solution.

Table 3.1 Basic Information Needs and Communication Strategies	
Basic Information Need	**Recommended Communication Strategy**
Long-Term Care	Region specific comparison chart - Idaho ICA produces a *Guide to Long Term Care Insurance* that is periodically updated.
Where to Go with Questions	Medicare wallet card with important telephone numbers – Blue Cross/ Blue Shield of Arizona provides pocket or wallet-sized calling cards.

How Medicare Works (e.g., covered services and cost sharing)

Beneficiaries were asked in the MCBS to identify the most important topics about which they wanted more information. As indicated in Table 3.2, **the top three topics cited were the Medicare program itself, out-of-pocket payments for services, and how to stay healthy.**

Table 3.2
Information Needs of Medicare Beneficiaries

Medicare Topic	Beneficiaries Citing as Topic Most Important to Have More Information On	Beneficiaries Citing as 1 of Top 3 Topics Most Important to Have More Information On
Medicare Program	**24.2%**	**34.5%**
Staying Healthy	16.6%	27.8%
Payment for Medicare Services	9.1%	28.1%
Medicare HMOs	6.0%	13.9%
Choosing or Finding a Doctor	4.3%	14.5%
Supplemental Insurance	4.0%	14.4%
Doesn't Want or Need Information on These Topics	35.9%	N/A

Often beneficiaries are unsure of the portion of the bill paid by Medicare and the portion of the bill that must be paid by themselves or other insurance (e.g., employer-based, Medigap, Medicaid). Confusion about the cost issue is usually due more to a *lack of understanding* than a lack of information. For example, many workers at senior organizations reported that beneficiaries think that the Explanation of Medicare Benefits (EOMB) is a bill because it looks like a bill (even though it says plainly that it is not a bill). This assumption results in immediate beneficiary confusion and anxiety, and limits the capability of the EOMB to communicate any information. **As such, the issue for HCFA becomes modifying existing communication modes to make them more easily understood, rather than creating additional information avenues to reach beneficiaries**.

Beneficiaries have two basic questions about cost:

"How much will I have to pay for a service?"

"Why do I have to pay, since I thought Medicare covered it?"

Managed Care vs. Fee-for-Service

Over 60 percent of beneficiaries in the MCBS reported they know little or none of what they need to know about Medicare HMOs. In particular, many beneficiaries do not understand the distinction between the managed care and fee-for-service delivery systems. In addition to information describing the features of each (such as the primary care provider/gatekeeper or "lock-in" features of managed care) and how they vary between the two systems, beneficiaries need to know they can obtain individual assistance, counseling, or further information. Perhaps of more importance, many beneficiaries do not even seem to understand that there is a decision to be made, and that their decision will have implications for their future healthcare delivery. This will become even more of an issue as Medicare+Choice options are introduced to all beneficiaries.

In light of the findings that beneficiaries have large gaps in knowledge about Medicare, it is surprising that 65 percent of MCBS respondents said they did not want or need information about Medicare HMOs. Although Medicare beneficiaries do not understand much about Medicare HMOs, they may not perceive information on Medicare managed care as being important to them at this point in time, especially if they live in an area where there are no Medicare HMOs.

Beneficiaries who choose to enroll in a managed care plan need comparable descriptive information about available plans in their area, with real life examples to see how the different plans work, presented in large print and a layered format.

Beneficiaries who decide to enroll in a managed care plan will need comparable descriptive information about available plans in the area in order to evaluate them and choose the best one for his or her situation. **The most important issue, and one that is pivotal to the decision about a health plan for most beneficiaries, is whether his or her doctors are in the network.** Many beneficiaries have long-standing and established relationships with their physicians and wish to continue seeing them, so information about the provider network is critical. An individual's health status will also play an important role in this decision, so real life examples are needed so the beneficiary can see how the plan works.

Additionally, format will be important as many beneficiaries have limited vision and need large print to read text. Information regarding specific types of coverage, such as durable medical equipment or home health care, will only be relevant to certain groups of beneficiaries. This information needs to be presented in a layered format, progressing from simple concepts of available special services to more complex information about details of those services**. It is likely that a single comparison chart that attempts to cover all of the differences between plans will not be successful for many beneficiaries. Instead, HCFA may with to provide a very simplified comparison chart with a phone number to call for additional information.**

Many beneficiaries do not understand the unique features of managed care that will affect their costs and their ability to access certain health services. For example, some beneficiaries do not realize that the widely advertised "zero dollar premium" for some HMOs does not eliminate the required Part B premium payment to HCFA. They do not understand the notion of the primary

care provider (PCP) being a gatekeeper, the need for a PCP referral to see a specialist, or their own financial responsibilities if they use out-of-network providers.

Few beneficiaries understand how managed care functions under Medicare, the unique features of managed care that will affect their costs and their ability to access certain services, or even that they have a decision to make about whether to join a managed care plan or stay in the fee-for-service system.

The market research shows that relatively few beneficiaries and pre-beneficiaries are aware of how managed care functions under Medicare, and beneficiaries outside of the areas where HMOs have high penetration and established reputations are particularly uninformed. Because managed care is a fairly new option in certain parts of the United States, there is considerable misinformation and distrust surrounding it. Although more knowledgeable consumers will age into the Medicare program over the next ten years, currently there is considerable confusion.

Supplemental Insurance

Beneficiaries vary considerably in their understanding of supplemental insurance plans. Some beneficiaries understand the plans well, others are able to use trusted sources to help them choose among plans, and some are confused by the options available to them. This last group of beneficiaries appears to need both basic general information and specific information to help them make informed plan choices. Findings from the MCBS analysis indicate that approximately 40 percent of beneficiaries feel they know everything or most of what they need to know about Medigap policies or other supplemental insurance coverage, while an approximately equal percentage know little to none of what they need to know. Some focus group participants confuse Medicare HMOs and supplemental insurance plans.

Who needs basic information?

Beneficiary information needs vary because of factors specific to the beneficiary, as well as occurrences in the surrounding environment**. Medicare program information needs are especially related to beneficiary socio-economic status**—more affluent or well-educated beneficiaries usually have more navigational and situation-specific questions, such as questions about claims processing. Less affluent or less well-educated beneficiaries, on the other hand, are more likely to want basic program information, such as information about covered services. **Other beneficiaries particularly in need of basic information include those about to enroll in the Medicare program, beneficiaries facing major life changes, and those with little experience of the U.S. healthcare system in general**.

Sociodemographic groups

The need for information varies by topic and across groups. Table 3.2 provides a summary of beneficiary need for information during the past year for the seven selected beneficiary subgroups, obtained from the MCBS analysis.

Table 3.2*
Key Beneficiary Characteristics
Related to Beneficiaries' Need for Information

	Changes in Medicare Program	Payment for Medicare Services	Supplemental Insurance	Medicare HMOs	Finding a Doctor	Medicare services covered
General Population	4.3%	3.0%	6.8%	6.2%	2.3%	5.3%
African Americans			3.9%	8.0%		
Hispanic Americans			2.3%	3.9%		
Dually Eligible		1.5%	1.4%	3.5%		3.5%
Rural		2.3%		2.1%		
Low education (<= 5th grade)	4.0%	3.4%	6.0%	4.3%		0.4%
Low Vision	5.2%		8.3%			6.4%
Blind	3.9%		10.2%			5.2%
Hard of Hearing			8.1%	5.7%	2.7%	5.9%
Deaf			0.0%	0.0%	0.0%	0.0%

*Only percentages where differences between the subgroup and the general population were statistically significant at the 5 percent level of confidence, as measured by a Chi square test of independence, are presented in the table.

- Of the seven subgroups of beneficiaries, educational attainment was consistently related to needing information, with those at the lowest end of the education spectrum often reporting *less* of a need for information than the general Medicare population.

- Surprising perhaps, is that instead of the subgroups saying they needed information more often than the general Medicare population, a *smaller* percentage of the subgroups tended to report needing information in the past year compared with the general population. The exceptions were beneficiaries with low vision problems or beneficiaries who had some difficulty hearing, with both groups having higher percentages needing information compared to the general Medicare population.

- Beneficiaries who are deaf said they did not need information on any of the six topics during the past year.[3]

The particular information that participants said they needed also differed across socio-demographic groups. For example, participants with low educational attainment seemed to lack basic information about their benefits and their options for additional coverage. Participants with dual eligibility for Medicare and Medicaid seemed confused about how the two programs work

[3] Because the sample size for deaf beneficiaries in the MCBS was extremely small, these results should be interpreted with caution.

together to cover health care benefits. Middle class and relatively well-educated participants seemed particularly interested in detailed information about their claims, their paperwork, and situation-specific questions about their coverage. In particular, the MCBS analysis found that:

- A larger proportion of Hispanic beneficiaries generally wanted more information on the six basic topics covered in the MCBS supplemental questionnaire compared with the general Medicare population. For example, almost one-half of Hispanic beneficiaries said that more information about the Medicare program was one of their top three priorities compared with about one-third of the general Medicare population.

- As might be expected, a much smaller proportion of dually-eligible beneficiaries listed more information on supplemental insurance as one of their top three priorities, but a smaller fraction of beneficiaries with a limited education, and especially blind beneficiaries, also listed this as one of their top three priorities compared with the general Medicare population.

- The only subgroup of beneficiaries differing substantially from the general Medicare population about wanting more information on HMOs were deaf individuals, with a *smaller* proportion saying they wanted this information compared with the general Medicare population.

Those about to enroll

Several agencies that provide direct services to seniors suggested that HCFA time mailing of basic Medicare program information before the beneficiary's 65th birthday, mailing information several times during that year. This way, the information is not only relevant to the individual, but it is also available before he or she has to make major decisions. Some beneficiaries would benefit from an even earlier mailing of general information on Medicare so that when they later receive Medicare Handbooks, they are familiar with the concepts contained in the Handbook.

For individuals about to enroll in Medicare, who know little about the program, information is likely to be best used *if it provides an overview of the program and is organized in large chunks on each topic*. The information should also emphasize the ways the individual can obtain more in-depth information if desired.

Those with major life changes

As their life situations change, beneficiaries may wish to reconsider the enrollment decisions they have previously made. For example, they may need information on long-term care options. Beneficiaries will often need to revisit the kinds of information they received at initial enrollment to obtain an understanding of the options that are currently available to them.

The information beneficiaries usually want relates specifically to their own particular situation. In general, beneficiaries who are sick or manage chronic conditions are the most knowledgeable about Medicare because they have had to access available health services. **Optimally, information should be available at the time it is needed, because that is the time beneficiaries will be best able to attend to it.**

Those with little experience with the US health care system

Many minorities or low-income beneficiaries (especially recent immigrants) are confused by the plurality of the American health system and the ways that different agencies or components (e.g., different sources of payment for services) interact. These beneficiaries often have difficulty understanding the interactions among public programs, and that eligibility in one program can affect eligibility in another. They need to be able to understand not only the eligibility requirements of the Medicare program, but also the requirements of their State's Medicaid program. The complexities of the interrelationship among a comprehensive set of entitlement programs can be overwhelming to them. In addition, it is often difficult for these individuals to extrapolate the abstract requirements of entitlement, such as the concept of "assets," to their own personal situation.

Navigational Information Needs

Once beneficiaries understand the basics about Medicare, they also need to understand how to "navigate" their way through the system. **Examples of navigational information needs include how to make the best choice among managed care plans or supplemental insurance plans for their situation, how to choose health care providers who will meet their needs, and how to access Medicare-covered preventive services to maintain good health**.

Choosing a plan

The task of choosing a plan—whether the plan is supplemental insurance or a managed care health plan—requires beneficiaries to have information on plan design, cost, and covered services. Managed care plan marketing materials often serve to educate beneficiaries about plans within Medicare, although the information is often presented as a glowing description of the particular organization and beneficiaries often become confused because comparable features may not be presented in the same way across plans.

Beneficiaries need to be able to identify the features most important to them and compare several plans to each other on these features.

The information needs of beneficiaries can vary because of the particular options that are available in the county of residence. In mature managed care markets, for example, many consumers are generally knowledgeable about the features of HMOs, so the information these beneficiaries want tends to be more sophisticated or specific than the information needed by a consumer in a market with low managed care penetration or who is being introduced to managed care for the first time. A consumer in a mature managed care market, for example, might ask whether the physicians in an HMO have financial incentives to restrict referrals to specialists, whereas the beneficiary who is first being introduced to managed care might not understand the notion of a primary care provider acting as a gatekeeper.

The market research found that beneficiaries living in southern Florida, which has a high managed care penetration, ask entirely different questions than those living in the northern part of the state, where managed care is relatively new. HCFA may need to conduct focus groups or other research on an ongoing basis in different markets in order to develop tailored packets of information for various markets.

Choosing providers

Beneficiaries generally expressed a need for objective information about doctors, including their training, certification, history of malpractice, and access factors (such as office hours on weekends). When asked about their own experiences, however, beneficiaries felt that the most important factors in choosing a doctor are the interpersonal ones, and that they have to make the choice by trial and error, sometimes aided by referrals from other providers and from family and friends. The MCBS asked respondents about the sources they used to obtain information about providers. Nearly one-half of beneficiaries said they consulted a doctor or other provider, and a little over 10 percent consulted Medicare sources, insurance companies, and/or family and friends. Some examples of familiar types of information that beneficiaries mentioned as useful resources include: recommendations from other trusted providers, recommendations from friends and family, or their own personal experiences with a provider.

Beneficiaries feel that interpersonal factors – communication with their doctor, their doctor's willingness to spend time with them and listen to their concerns – are especially important for choosing a doctor.

Beneficiaries reported that interpersonal qualities, such as the doctor's ability to communicate with patients, willingness to listen to them, and willingness to spend time with them, were especially important in selecting a primary care provider. They also said it was important to have information about a provider's record. Some beneficiaries currently looking for new providers said they were concerned because they did not know how to proceed. Beneficiaries said other important provider characteristics include convenient location and hours, ease in scheduling appointments for sickness, experience with aging patients, and follow-through.

Several beneficiaries expressed confusion about procedures and terminology related to allowable charges and assignment, such as the differences between "accepting Medicare patients," "accepting assignment," and "allowable charges."

Prevention and compliance

The MCBS analysis found that a majority of beneficiaries (75 percent) feel they have most or all of the information they need about staying healthy, from a variety of sources, although the information is often contradictory. Interviewees and beneficiaries in the focus groups felt that there may be a role for HCFA in helping beneficiaries understand and resolve apparent contradictions.

Despite large public information campaigns by HCFA, some beneficiaries do not know about Medicare's coverage of preventive services. An analysis of focused knowledge (which is knowledge that Medicare covers particular services such as flu shots and mammogram screenings) and beneficiary attributes revealed that certain subgroups of the Medicare population are less likely to have as much information as the general Medicare population (Figure 3.2).[4]

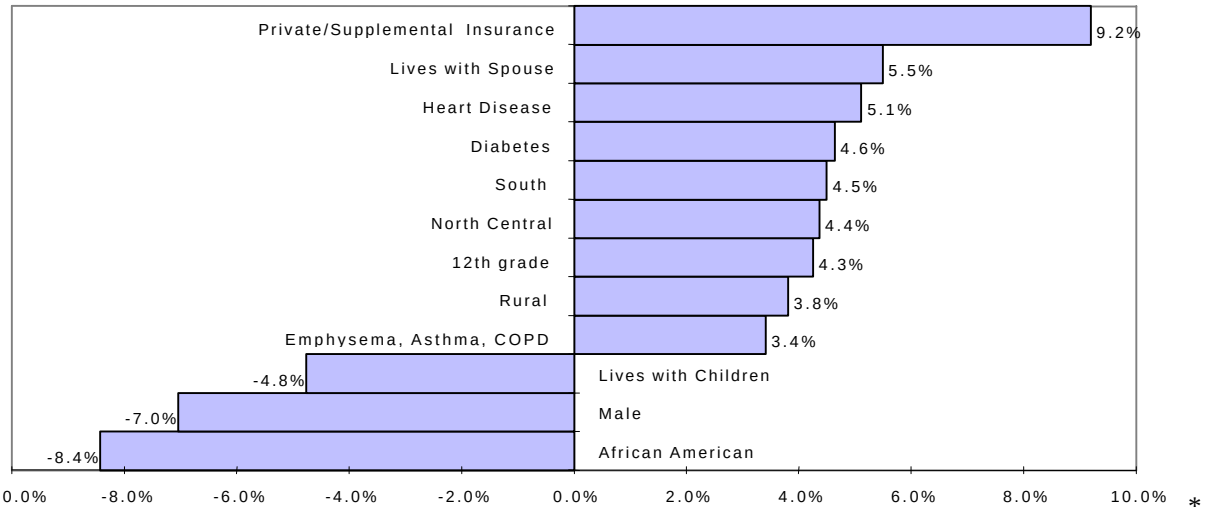
[4] Horizontal bars to the right of the 0.0%-line in Figure 3.2 indicate higher knowledge about flu shot coverage for the displayed subgroup compared to the reference subgroup. For example, beneficiaries with private supplemental insurance coverage were 9.2 percent more likely to know that Medicare pays for flu shots compared with beneficiaries who did not have private supplemental insurance. Horizontal bars to the left

- African Americans were *less* likely to know that Medicare covered flu shots compared with White non-Hispanic beneficiaries.

- Beneficiaries who lived in rural areas were *more* likely to be informed about their flu shot benefit than urban residents.

- Hispanics, beneficiaries with a limited education, those with vision or hearing impairments, and dually-eligible beneficiaries showed no significant differences in their knowledge of the flu vaccine benefit than the general Medicare population.

Figure 3.2 - Determinants of Flu Shot Knowledge



The reference group for household composition is lives alone; for region is Northeast; for education is completed 5th grade or less; for race/ethnicity is White non-Hispanic.

Key findings of the analysis of focused beneficiary knowledge concerning coverage for mammograms are similar to those for flu shot, revealing that certain subgroups of the Medicare population have less knowledge about this benefit as well (Figure 3.3):[5]

- Beneficiaries who had completed at least the 12th grade or higher were more likely to know about Medicare coverage of the mammogram benefit compared with beneficiaries with only a 5th grade education or less.

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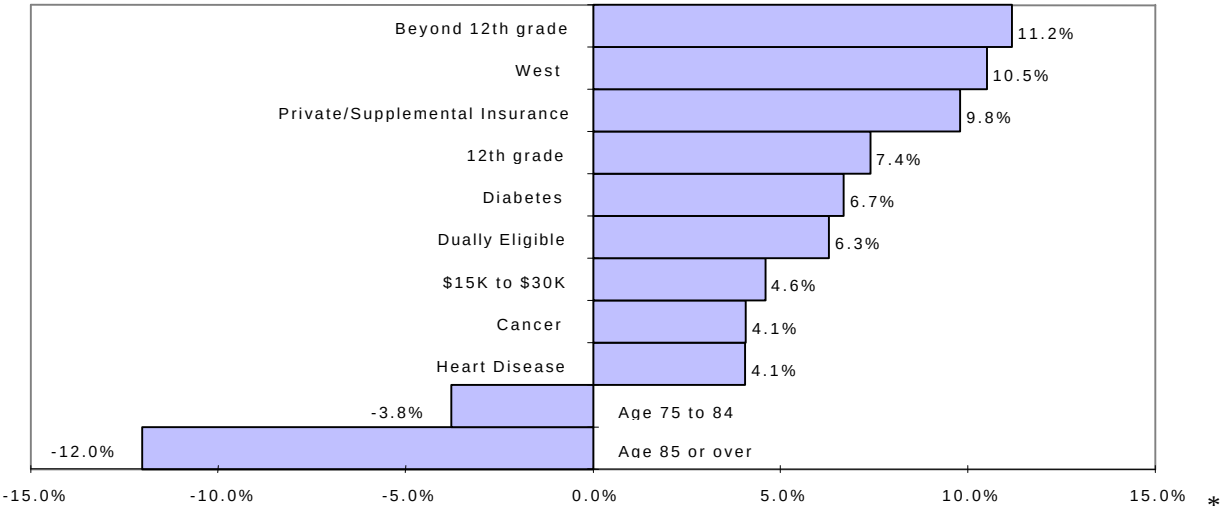
of the 0.0%-line in Figure 3.2 indicate lower knowledge about flu shot coverage for the displayed subgroup compared to the reference subgroup. For example, male beneficiaries were 7 percent less likely to know that Medicare pays for flu shots compared with female beneficiaries.

[5] Horizontal bars to the right of the 0.0%-line in Figure 3.3 indicate higher knowledge about mammogram coverage for the displayed subgroup compared to the reference subgroup. For example, beneficiaries with more than a high school education were 11.2 percent more likely to know that Medicare pays for mammograms compared with beneficiaries who had only completed 5 years of school or less. Horizontal bars to the left of the 0.0%-line in Figure 3.3 indicate lower knowledge about mammogram coverage for the displayed subgroup compared to the reference subgroup. For example, beneficiaries ages 75 to 84 were 3.8 percent, and those 85 years old or older were 12 percent, less likely to know that Medicare pays for mammograms compared with beneficiaries ages 65 to 74.

- Beneficiaries eligible for both Medicare and Medicaid were more likely to be informed of their mammogram benefit than non-Medicaid recipients.

- Hispanics, African Americans, those with vision or hearing impairments, and beneficiaries living in rural areas showed no significant differences in their knowledge of the mammogram benefit than with the general Medicare population.

Figure 3.3 – Determinants of Mammogram Knowledge



The reference group for income is < $15,000; for region is Northeast; for education is completed 5th grade or less; for age is 65-74.

A multivariate analysis of focused knowledge and use of the two covered preventive services found that knowledge about a particular covered benefit leads to higher use of the service. Beneficiaries who had "focused knowledge" were 33 percent more likely to have had a flu shot and 16 percent more likely to have had a mammogram compared to those without "focused knowledge." In addition, beneficiaries who were generally better informed about Medicare benefits were also more likely to have received a flu shot or mammogram.

- *Some subgroups of beneficiaries have less knowledge about their preventive benefits than other beneficiaries.*
- *Increased knowledge about the benefit increases its use.*

HCFA could further its goal of increasing the use of preventive services in the elderly population by focusing campaigns on specific preventive benefits that are especially targeted towards specific beneficiary subgroups. Moreover, these subgroups of beneficiaries may require specialized communication strategies, which will be explored in more detail in the subgroup summary reports.

Situation-Specific Information Needs

The predominant information-seeking mode among beneficiaries appears to be driven by their having to react to individual situations. Situation-specific information needs include explicit knowledge about the various features of the individual's chosen coverage and how to access benefits of the plan. Where to obtain detailed information on Medicare coverage of hospital services, for example, may be relevant to an individual with acute care needs, whereas knowing where to obtain information on coverage for prescription drugs may be relevant to an individual who manages a chronic health condition, such as diabetes or asthma. Particularly important issues for beneficiaries who are reactive information seekers are:

- covered services,
- deductibles and co-payments,
- billing process and claims status,
- providers who take assignment,
- appeals and grievances, and
- recognizing and reporting fraud and abuse.

Beneficiaries exhibiting reactive information-seeking behavior want to go to one source and obtain the specific piece of information related to their own current circumstances. **HCFA's provision of a mechanism for on-the-spot trouble-shooting (e.g., a seamless referral to a counselor through a 1-800 number such as the Medicare+Choice toll-free line) should be particularly effective for beneficiaries who want an answer "right now."** Since interactive communications are costly, however, it will be important for HCFA to *partner with other organizations* whenever possible so information can be provided quickly and in-person to beneficiaries with specific needs. HCFA's plan to increase funding of SHIP programs and to expand the provision of one-on-one counseling to beneficiaries is an extremely important strategy for its National Medicare Education Program.

<u>Coverage for specific services</u>

The market research found that most beneficiaries tend to know about the available coverage for services they themselves use or need. For example, in the interviews with advocacy groups for those with low vision, as well as the focus groups, we found that beneficiaries were quite knowledgeable about Medicare coverage of eye examinations and the lack of coverage for vision assistive devices such as magnifiers or closed-circuit TV. This finding is consistent with the type of reactive and specific information-seeking behavior of most beneficiaries.

<u>Questions about claims</u>

A leading finding of the market research is that many beneficiaries do not understand the Explanation of Medicare Benefits (EOMBs), and are not able to relate them to the services they received. Many think the EOMB is a bill, even though it clearly says it is not. A second finding is that the needs and desires of beneficiaries for more information about claims appear related to contractor performance—the better the contractor performance, the less beneficiaries perceive a need or desire for further information. MCBS respondents tended to seek information about

claims either from their Medicare carrier or other Medicare sources (36 percent) or their health care provider (12 percent).

Reporting suspected fraud

Many beneficiaries encounter situations in which they receive an EOMB that lists unfamiliar services. They then need to know how to discern whether the billing is fraudulent and, if so, how to report it. One finding from the market research is that many beneficiaries are afraid to report errors, fearing that the provider will retaliate and not take care of them.

The MCBS asked beneficiaries what they would do if they knew someone who told them they know first-hand about fraud or abuse in the Medicare program. Over one-half suggested that the person should contact Social Security or the Medicare office (57 percent), with less than 10 percent suggesting they contact an insurance company or other government agency. The surprising finding, however, is that 23 percent said they would not suggest a contact at all. It is unclear whether this finding is due to a lack of beneficiary knowledge or the individual not wanting to get involved.

More research needs to be done in this area to clarify beneficiaries' fears about reporting fraud, and create messages that can overcome these fears.

Chapter 4. Beneficiary Information-Seeking Behavior

In addition to identifying the various types of beneficiary information needs, **the market research found that beneficiaries use a variety of information-gathering processes. Preferred communication modes depend, in part, on whether the individual takes a proactive, reactive, or passive approach to seeking information**. A beneficiary might use a particular approach most of the time, reflecting his or her own unique problem-solving style, or he or she might use different approaches, depending on the decision required or the type of information needed.

Proactive Information-Seeking

A minority of beneficiaries uses a *proactive* approach to obtaining information. These individuals collect and review a considerable volume of information about Medicare topics, either out of general interest or so they will be prepared for any situation that might occur. Proactive searchers read the Medicare Handbook, attend seminars, talk with friends, family, and medical providers, and may even explore the Internet. Proactive searchers value comprehensive, accurate, and up-to-date information. They are likely to use a number of sources and then decide for themselves what information has value and what does not.

> *".... I remember I read some of it in an article.... the girl in the office of the dentist was going to charge me full price for everything they did. And I said, 'Uh-uh.... I just read an article that Medicare does cover for surgery on dental work.'...."*
> *Focus Group Respondent*

Written materials tend to be good sources of general information for people with proactive search behavior. Some proactive information-seekers in the market research general population focus groups said that radio, television, newspapers, and magazines are important sources of new information, even if they have to go elsewhere to get more details or to determine the accuracy of the information. Their positive evaluations of these sources seemed related to their inclination and ability to synthesize and evaluate information from multiple sources.

Reactive Information-Seeking

The market research found that a second, and much larger, group of beneficiaries tend to seek information only as it is needed, in a reactive mode. These beneficiaries search for information for a specific need when it arises and prefer getting that information from a single source. They become frustrated if they have to go to more than one source to obtain an answer. Reactive searchers select sources they believe to be knowledgeable (e.g., Medicare contractors, medical providers, friends and family) and then attempt to find enough information to satisfy their immediate needs. They place a premium on being able to find an adequate answer to their specific question quickly and value easily understood information that is targeted to their particular situation. Beneficiaries with specific and immediate information needs generally prefer interactive communication formats where they

> *"...When you're trying to get information, you don't want a lot of side information. You don't want if this or if that. You want to know an answer to a specific question without hearing a lot of things you don't need to know." – Focus Group Participant*

can hone in on the particular information they require without having to wade through a lot of material perceived to be extraneous.

The reactive mode appears to dominate in the Medicare population, perhaps because such information-seeking behavior is most consistent with consumer information processing (CIP) theory. CIP theory suggests that several essential conditions enable consumers to make the best use of information: consumers must consider the information to be important to their lives and they must be able to process it within their time, energy, and comprehension level constraints.[6] In other words, the Medicare beneficiary must want the information because it is relevant, be able to access and process it, and see how it can be used in his or her life.

The market research found that the proactive and reactive strategies sometimes reflected differences between beneficiaries with different problem-solving styles. In other cases, however, the proactive and reactive strategies reflected differences in the decisions beneficiaries faced, so that a particular beneficiary might be proactive in some situations and reactive in others. Information-seeking strategies are likely to vary, depending on the nature of the health events involved. For instance, people making decisions about forced events such as enrollment in Medicare or obtaining acute care need event-specific information at the time the decision needs to be made. In contrast, people trying to make a decision about a voluntary event (such as health plan choice or preventive care) may need more general information provided over a broader time frame and through a variety of information channels. The marketing principle of context-specificity suggests that individuals do not have a single information-seeking style that they use across topics, but rather will adopt different information-seeking strategies in different situations.

Proactive vs. reactive strategies may reflect differences in beneficiary problem-solving styles or differences in the particular decisions facing beneficiaries.

Passive Information-Seeking

The market research also identified a potentially large group of individuals who tend to be relatively passive in searching for information. These beneficiaries seem to lack specific strategies for gathering information they need, may be overwhelmed by the Medicare system, and rely heavily on information that is delivered to them automatically or that is obtained from family members or other trusted advocates. Such individuals may have physical, emotional, social, or cognitive barriers to obtaining or understanding information that is presented in typical formats. Passive information-seekers are particularly likely to benefit from information strategies that

Moderator: What were you looking for, the name of a medical dentist?

Focus Group Participant: No, just what they would pay and what options I had. And they—as far as I remember, they said dental work wasn't covered, but particular dentist work might be covered.

Moderator: Where would you like to get that information?

Focus Group Participant: Anywhere they could give it to me. I really don't know where I could get it.

[6] Rudd, J. and K. Glanz. "How individuals use information for health action: Consumer information processing." In: Glanz, K., Lewis, F.M. and Rimer, B.K. eds. *Health Behavior and Health Education*. San Francisco, CA: Jossey-Bass Publishers; 1990: 115-139.

involve diverse media, formats, and channels. Using a variety of communication methods increases the likelihood that a passive information-seeker will hear or see the information, and that the information will be presented in a format that is easy for them to negotiate.

Although difficult to quantify, analysis of the MCBS data indicates that the group of passive information seekers may be quite large. When the MCBS asked beneficiaries if they *needed and searched* for information on several Medicare-related topics during the past year, for example, only a small fraction of beneficiaries answered in the affirmative. (Percentages of the Medicare population who said they needed information in the past year ranged from 2 percent to 7 percent, depending on the topic.) In contrast, when beneficiaries were asked whether they feel they know all they *need to know* about these same Medicare-related topics, substantial proportions of beneficiaries reported knowing very little of what they need to know. (Percentages ranged from 8 percent to 60 percent of the Medicare population, depending on the topic.) Table 4.1 provides some specific examples of respondent answers.

Table 4.1
Comparison of Beneficiary Responses About Information Needs

Question	Percent Who Said "Yes"	Question	Percent Who Said "know a little or almost none of what I need to know"
In the past year, have you needed to find information about what medical services Medicare covers and does not cover?	5.3%	How much do you feel you know about the Medicare program, such as what medical services Medicare covers or does not cover?	32%
In the past year, have you had questions about what your Medigap (supplemental) insurance policy covers?	6.8%	How much do you feel you know about supplemental or Medigap insurance, such as what it covers or how it works with Medicare to pay medical claims?	41%
In the past year, have you needed to find out about the availability and benefits of HMOs?	6.2%	How much do you feel you know about the availability and benefits of Medicare HMOs?	61%

The low percentages for the first set of questions in Table 4.1 indicate that over a one-year period, few beneficiaries perceived an immediate need for specific information. In contrast, the second set of questions indicates that a large proportion of beneficiaries feel they know very little of what they should about the topic in question. The 2 to 7 percent of beneficiaries in Table 4.1 who said they needed and looked for information in the past year may only represent a fraction of those who actually required information to make informed choices about their health plan options or benefits. Others with

Although a large percentage of beneficiaries feel they know very little of what they should know about Medicare in general, only a small percentage actively searched for Medicare-related information during the previous year.

passive information-seeking styles may have needed the information, but did not actually look for it.

A key social marketing concept is context-specificity, meaning that individuals exhibit different information-seeking behavior depending upon the context. Thus, it will be important for HCFA to construct information campaigns that appeal to all three types of behaviors, not solely to those beneficiaries who proactively search for information.

Chapter 5. Communication Approaches

As described in the previous chapters of this report, the market research found that beneficiaries have large information gaps, have different types of information needs at different points in time, and use various styles for seeking for and obtaining information. **These findings on the whole imply that HCFA should pursue three distinct communication strategies**:

- Improve widely-disseminated materials.
- Conduct targeted education campaigns for high-priority Medicare-related issues.
- Design a communication approach that:
  - ⇒ strengthens outreach and awareness of Medicare-related issues important to beneficiaries' daily lives; and
  - ⇒ helps beneficiaries find further information on these issues.

This chapter discusses each of these communication approaches in more detail.

Improve Widely-Disseminated Materials

The market research found that Medicare beneficiaries have a variety of information needs, many of which could be met via the Medicare Handbook. For example, almost all of the information needs described by focus group participants are currently addressed in the Handbook. Yet, at the same time, participants claimed they cannot find or do not have access to needed information.

The Medicare Handbook serves to inform proactive information seekers and provides a good source of Medicare information for some reactive information seekers who prefer information in print format. The market research found that there are specific ways to improve the Handbook's usefulness to all segments of the Medicare population. Improving the Medicare Handbook to better address beneficiary information needs would greatly increase beneficiaries' resources for obtaining such information.

HCFA is currently working to improve many other print materials through message, format, and content testing that the Agency disseminates to beneficiaries and to its partners and other beneficiary advocates. Both the inventory and focus groups report provided a variety of suggestions for improving the readability and accessibility of printed materials for all types of Medicare beneficiaries:

- Initial presentation of information involving a large number of choices and complex information needs to be condensed into manageable chunks of information with fewer, more aggregated, dimensions. This helps beneficiaries see how the information is organized, and the dimensions that can vary in a decision (e.g., additional premiums, coverage of prescription drugs, out-of-pocket costs). For broad topics, especially those concerning critical actions that beneficiaries must take (such as enrolling in the Medicare program or choosing a provider who accepts assignment), HCFA should present the information through

multiple channels and use several different formats (e.g., audiocassette, videotape, fact sheets). Three steps are essential to effective provision of this information:

- Present the information in clear simple language that summarizes the topic, using graphics, simple text, and real-world examples. Layer the information from general to more detailed material. Do not mix summary and detailed information.
- Personalize the message by providing examples of beneficiaries who are using the information to make decisions. Tailor the information to the particular audience.
- Target the message to the audience who most needs the information to take actions, such as enrollment information for people turning 65, or the availability of a Spanish-language Medicare Handbook in geographic areas where a large number of Hispanic seniors speak little or no English.

Printed Materials. Printed material will continue to provide a major vehicle for Medicare information over the next decade. Some key features to effective printed material for the elderly include:

- Use second person voice;
- Use bullets and short paragraphs of text;
- Large readable print;
- Avoid jargon or highly technical terms;
- Plenty of white space on the page;
- Easy to understand charts and pictures;
- Clear contrast in colors used in text;
- Use tabs and indices; and,
- Use a layered approach, with more detailed information building on and consistent with summary information.

Outreach and Awareness Communication Approach

To better serve reactive and passive information-seekers, HCFA should take a responsive approach by focusing its resources on making beneficiaries aware that there is information available when it is needed, on making information easy to access by using beneficiaries' preferred sources and communication channels, and on improving the content and quality of the information provided. Findings from the market research indicate that beneficiaries often do not know where to go to obtain information, are often frustrated by their inability to obtain the information they want, and want information that is concrete, useful, and addresses their day-to-day concerns.

Because HCFA does not know when beneficiaries will need information, which topic they might want information about, or where they are likely to look for information when they need it, **the Agency will want to strengthen its information delivery capabilities on a broad range of topics and through a wide variety of communication sources and channels**.

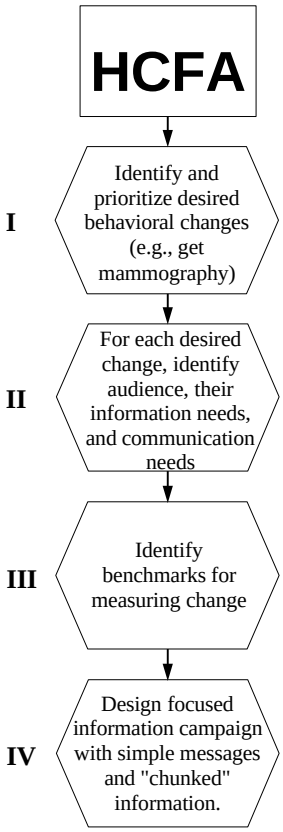
The key to successful outreach and awareness campaigns is to:

- **Provide a simple message that beneficiaries will recognize as addressing a problem or issue in their own lives.** For example, "Do you keep getting billed by your doctor for more than Medicare allows?"; and

- **Ensure that beneficiaries understand where to go to get further information**. For example, "The Medicare program has rules about how much your doctor can charge you. For more information about "physician assignment," see… (e.g., a particular brochure available from the Social Security office), or call…(e.g., the number for the local SHIP counselor)."

Beneficiary concerns that might be most successfully addressed through an outreach and awareness communication approach center around on-going use of the Medicare program and appropriate access to health services. Topics might include:

- whether a particular service is covered by Medicare,
- how to access health services in a managed care plan,
- how to locate a doctor who accepts assignment in the fee-for-service sector,
- billing questions such as out-of-pocket costs,
- questions about claims status,
- how to make appeals and grievances, and
- how to recognize and report fraud and abuse.



Medicare beneficiaries receive information about the program from a variety of sources including HCFA materials, friends and family, healthcare providers, insurance companies, senior groups, churches and civic organizations, and their health plans. **A key to an effective communication strategy for HCFA is to ensure that all of these potential sources of information have good, clear, and correct information to provide when asked**. Strategies for achieving this include:

- **Training** volunteers and providing informational brochures and training for managed care plans and primary care physicians and their office staff (nurses and office administrators) to leverage HCFA's limited resources, and to ensure that information provided by the many sources used by beneficiaries clarifies, rather than confuses, the issues.

- **Partnering** with local organizations to provide individualized one-on-one interactions with beneficiaries whenever possible to communicate complex information and answer questions. One-on-one communication is most important for racial and ethnic minority populations and beneficiaries with limited educations. These populations often have language and cultural barriers to general communications, and may also exhibit distrust of non-community- or government-based efforts.

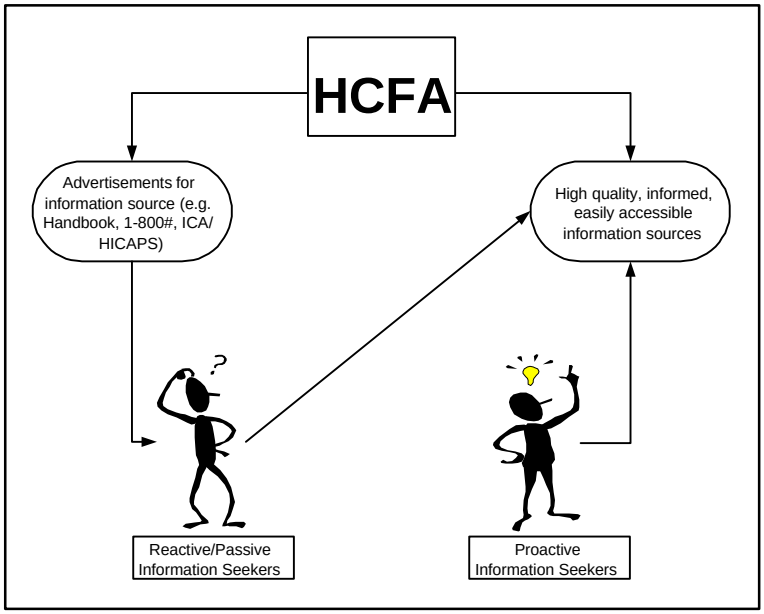
- **Regular** provision of information **targeted** to the particular gaps of beneficiary misunderstanding, using the **usual sources** that beneficiaries rely on.

Targeted Education Communication Approach

In addition to improving HCFA's informative and widely-disseminated print materials and pursuing outreach and awareness campaigns, an additional **component of HCFA's communication strategy should be targeted education campaigns, since a large proportion of Medicare beneficiaries are reactive or passive information seekers.** These campaigns would educate beneficiaries about specific topics that HCFA considers to be most important. Beneficiaries tend to learn about Medicare-related topics through experience, in a reactive mode. This learning style may be appropriate for certain types of activities as beneficiaries make on-going use of the Medicare system. However, learning by experience can be confusing, and there may be some aspects of Medicare that HCFA feels beneficiaries should understand *before they experience them*.

Targeted education campaigns may be very expensive, however, since they require HCFA to put a considerable amount of resources into educating beneficiaries with different information-seeking behaviors, who have a wide variety of socioeconomic and demographic backgrounds, who live in very different regions of the country, and who have an array of health conditions – all of which affect the types of communication channels, sources, and modes HCFA needs to employ to effectively reach all beneficiaries. Both interactive and non-interactive communication modes, as well as preferred sources for beneficiary information, should be used. **This type of communication approach is appropriate, therefore, when HCFA feels it is most important to reach all of the target audience; for example, in advance of a decision point or when trying to influence beneficiary behavior**.

Targeted education campaigns that attempt to reach beneficiaries with differing information-gathering approaches may best serve three purposes:



- **Presentation of key HCFA messages**, such as "If you are happy with your health care, you do not have to change from the traditional fee-for-service Medicare program or change health plans."
- **Initial presentation of critical, basic pieces of information** necessary for beneficiary decision-making, such as "These are the basic types of health plan choices in your area."
- **Educating beneficiaries on topics that may have a significant impact on their health**, such as the use of certain preventive services or treatment regimens for specific chronic conditions.

HCFA has successfully used targeted campaigns to convey information on Medicare coverage of flu shots and mammograms. Examples of other topics that may be well served by intensive, targeted education campaigns include:

- What are the types of health plans available to Medicare beneficiaries;
- What is the difference between a Medicare HMO plan and a supplemental (Medigap) plan;
- Why and when do beneficiaries need supplemental insurance;
- What is physician assignment and why is it important for beneficiaries to understand it;
- What is appropriate routine health maintenance for those with diabetes.

The market research demonstrated that a focused education campaign, targeted at specific topics that HCFA thinks beneficiaries should know about, can be very effective for changing beneficiary behavior. In particular, the MCBS analysis indicated that beneficiaries who had focused knowledge about flu shot coverage and mammography screening were more likely to receive these services compared with beneficiaries who did not know that Medicare covered these benefits.

The purpose of targeted education campaigns is to inform the widest possible Medicare audience about discrete and very important topics. This means that the communication methods selected will need to reach beneficiaries with proactive, reactive, and passive information-gathering behavior. A targeted education campaign is often trying to provide information to people who may not even realize they need it, particularly passive information seekers. Reaching all audiences will require a diverse, intensive strategy that will likely consume considerable resources. HCFA will need to carefully evaluate the topics targeted for education campaigns to be sure they are of highest priority.

Chapter 6. Communication Strategies

For all three types of communication approaches, HCFA needs to understand how to best deliver information and structure the campaign. **The market research found that preferred information sources and communication modes depend upon both the type of information that is needed and on beneficiary information-seeking behavior.** HCFA must integrate a variety of methods that are appropriate for the target audience, and not rely on any single method. For example, research has shown that effective strategies for increasing the use of specific prevention services rely on a coordinated and sustained combination of televised public information spots, poster/billboards in places frequented by seniors, personal contacts with high risk beneficiaries by a health professional or health plan, and follow-up contact. Both interactive and non-interactive sources and communication formats will be needed in all three communication approaches detailed in Chapter 5 in order to reach beneficiaries with different information-seeking styles.

Communication Sources and Modes by Type of Information Needed

The market research found that general information about broad, basic topics, such as which health services are covered by Medicare, differences between managed care and fee-for-service, and enrollment in Medicare, **are most effectively disseminated through non-interactive communication vehicles**. These include:

- Radio, television, and videos;
- Newspapers and magazines; and
- Other print materials, such as brochures, pamphlets, and the Medicare Handbook.

The market research found that beneficiaries most prefer to use interactive communication modes when they have specific questions about their health care needs or the Medicare program. Interactive modes include:

- One-on-one conversations either in-person at counseling centers, senior groups, or through other community-based organizations that partner with HCFA;
- Via toll-free telephone lines, and
- Through interactive uses of the computer and Internet.

The most promising new technologies are those that resemble the one-on-one interactive communications preferred by beneficiaries for many of their questions. Examples of interactive electronic strategies include: CD ROMs with interactive software devoted to specific chronic conditions; on-line user groups or forums devoted to particular illnesses or conditions; and continually updated lists of frequently asked questions (FAQs) about Medicare on the Internet, with links to sites providing clear and accessible information on particular chronic health conditions or other medical topics.

Often, non-interactive methods provide the foundation for an individual's education about a specific topic, such as Medicare or a company's benefits package, while non-interactive

communication modes are ones that are used to provide a one-way delivery from the information source to the recipient.

Communication Sources and Modes by Type of Information-Seeking Behavior

In addition to selecting communication sources and modes that best fit the type of information HCFA wants to convey to beneficiaries, the market research also documented the importance of presenting information in a variety of formats and media so that beneficiaries with different information seeking and processing habits will be able to find important information in forms that make sense to them. Providing information using a variety of communication methods allows beneficiaries to access it using their strongest or preferred learning style. An example would be to use printed materials, video, and personal instruction, all on the same topic. Each method reinforces the others. Other examples are including mailings with beneficiaries' social security checks or deposit notifications, and a one-page Medicare newsletter that can be distributed through a variety of channels, such as providers, DHS offices, and community groups. Combinations of methods can be used, such as using one vehicle to raise beneficiary awareness, and another to provide more detailed information.

Proactive information seekers: Beneficiaries said they prefer printed materials for obtaining general information that they use proactively. They can review the materials at a self-selected pace, and can return to the material as needed. For example, focus group respondents said that Medical journals and periodicals on such topics as nutrition are an important information source for some beneficiaries, particularly those who are proactive information-seekers. Some proactive information-seekers in the market research general population focus groups said that radio, television, newspapers, and magazines are important sources of new information, even if they have to go elsewhere to get more details or to determine the accuracy of the information.

Reactive information seekers: Beneficiaries who rely on information mainly to answer their specific and immediate needs prefer interactive communication formats. Reactive information-seekers can more easily use interactive modes to hone in on the particular information they require without having to wade through a lot of material they perceive to be extraneous. They also tend to rely on family and friends for information if they feel these sources are knowledgeable about the topic in question. Printed material can be a valuable resource for reactive information seekers if it is structured in a way that most resembles interactive discourse, such as through a question and answer format. Printed materials must allow the user, however, to easily access the information when needed (e.g., by providing an index in longer reference materials, or by placing only one or two simple messages on a brochure that provides some detail and a toll-free number to call for more information).

Passive information seekers: Passive information-seekers prefer information that is delivered to them automatically. They are therefore particularly likely to benefit from information strategies that involve diverse media, formats, and channels. Using a variety of communication methods increases the likelihood that a passive information-seeker will hear or see the information, and that the information will be presented in a format that is easy for them to negotiate. Beneficiaries who are more passive also rely heavily on family and friends or other

trusted advocates to answer their questions. Information should be disseminated through channels that this type of beneficiary is most likely to encounter, particularly trusted community organizations.

Non-Interactive Communication Modes

Non-interactive modes include printed materials, video, and the full gamut of media (television, radio, movies, newspapers, magazines, electronic bulletin boards). The recipient controls how he or she accesses the information with some non-interactive communications, for example, printed materials can be read and reread or used for reference. Each mode is discussed below.

Radio, Television, and Videos

Television is a good medium for disseminating general information about health and, to a certain extent, the Medicare program. Almost one-half of MCBS respondents used TV, newspapers, radio or magazines to obtain information about Medicare, and one-third indicated they prefer to use these media to keep up with Medicare developments. Television is the medium of choice generally for seniors ages 55 to 75, but some subgroups of older adults prefer to listen to the radio. Videotapes are less commonly used for informational purposes, although a significant number of focus group participants reported using and benefiting from videotapes shown in their doctors' offices on various health conditions. Focus group participants' distrust of these media's commercial sponsors, along with their criticisms of sensationalism in and shallow treatment of news stories also suggest that television, radio, and videos are best-suited to transmitting more general information.

The market research found that television is a good medium for disseminating general information about health and, to a certain extent, the Medicare program.

According to the inventory research, interactive opportunities can be provided through some traditionally non-interactive media, for instance, through hosting radio call-in shows. In addition, specialized communications on videotape can present the illusion of a person-to-person flow of information if the format is structured this way (i.e., questions and answers, or vignettes of beneficiaries talking to each other). The HCFA-produced video on choosing a nursing home is one example of how this medium can be successfully used to provide targeted information.

Newspapers and Magazines

Beneficiaries also seek general information about the Medicare program and staying healthy from newspapers and magazines. Most of the private organizations interviewed in the inventory research used print media extensively to market their products. The media is widely used for advertising, through print ads or commercials, and can be used alone or in combination with other modes. Media can be used to reach a broad audience or can be targeted to particular audiences by buying airtime in particular markets and time slots.

The MCBS analysis shows that when beneficiaries were asked about the sources and communication modes they prefer to keep up with Medicare changes in general or to obtain general information about Medicare, media vehicles (defined as newspapers, magazines, television, and radio) ranked high (along with Medicare publications and talking with someone

Media can be used to reach a broad audience or can be targeted to particular audiences by buying airtime in particular markets and

in person). In fact, over 40 percent of beneficiaries said they prefer to follow Medicare developments via these media. As for general health topics, a substantial number of focus group participants read health-related magazines or journals such as *Prevention* and the *Harvard Health Newsletter*, or other magazines directed at senior citizens such as *Modern Maturity*. Since older adults are more likely to read the newspaper than younger adults, advertising in local newspapers or bulletins can target beneficiary audiences.

Other Print Materials

Beneficiaries prefer printed brochures and pamphlets on Medicare and health-related topics because they can keep them, allowing them time to peruse and absorb the information, and use the material as a reference. When asked how they want to receive information about a variety of Medicare-related topics, MCBS respondents ranked reading a brochure or pamphlet third (behind talking with someone in person or over the telephone). Focus group participants said they use the Medicare Handbook and other written materials received through the mail to answer general questions about the Medicare program, such as which services are covered by Medicare, how to report fraud, and the role of supplemental insurance in the program.

Beneficiaries often end up seeking information on general topics from interactive sources because they fail to realize that the answers are often provided in non-interactive sources such as the Medicare Handbook or other brochures and pamphlets. There are several ways to make written materials more useful for beneficiaries:

- **Choose the appropriate vehicle.** Brochures and pamphlets are well suited for explaining a single topic, while handbooks and booklets are better formats for presenting more comprehensive information (such as a description of the Medicare program or Medicare managed care). In addition, postcards and fliers can be used to preface the arrival of the larger packet of information so beneficiaries know what is coming and how it might be useful to them. These vehicles can also advertise upcoming events and services.
- **Present simple concepts**. Information should be layered, with simple, readily digestible, easily remembered chunks presented first, followed by more detail. Enrollment or other decision-related information should appear in a step-by-step or process-oriented style. Alongside the most important concepts, present the same information in the margins written at a 5^{th} grade level. Then beneficiaries who cannot read the complete text will at least know what it contains, and can ask family members or others to explain it to them.
- **Organize information clearly**. Booklets and handbooks should contain information in tabular form as well as well-marked indices. Lay out the written materials in bulleted format or with short paragraphs, but avoid excessive mixing of multiple formats. Include a frequently asked questions (FAQ) section to help ease the reader's search for common information. Supplement or replace text with charts, pictures, and graphics where possible, and highlight definitions or place them in the margins. Finally, use the second person voice where appropriate (e.g., "Medicare and You").

- **Make text readable**. Because so many beneficiaries have problems with their vision, printed material for the elderly should be in large print, contain high contrast between the dark, bold text and white pages, and include plenty of white space.

Interactive Communication Modes

Interactive communication modes include one-on-one conversations either in-person at counseling centers, senior groups, or other community-based organizations that partner with HCFA or via toll-free telephone lines, and interactive uses of the computer and Internet.

One-on-One Interaction

One-on-one communication, though logistically difficult, is the most effective communication strategy for most elderly individuals. For example, when percentages were summed across various information sources, the MCBS indicated that approximately 75 percent of sources that beneficiaries contacted for information about the Medicare program were based on talking with someone in person. And when asked where they most prefer to obtain information on specific aspects of Medicare, such as money owed for medical services, beneficiaries most often chose talking with someone in person or over the telephone.

The size of the Medicare beneficiary population makes direct one-on-one contact between HCFA and beneficiaries difficult. However, HCFA does have the opportunity to work through the large numbers of individuals and organizations that come into contact with beneficiaries. The individuals and organizations include not only physicians, nurses, and managed care plans, but also community senior groups, churches, DHS offices, ICAs, and families and friends. The notion of **"partner"** can be quite inclusive, as these individuals and organizations can be effective sources of information if they themselves have been given the information necessary to understand Medicare. Since personal contact is the elderly's preferred method for receiving information, developing effective strategies for providing **partner organizations** and individuals with sufficient information to explain key aspects of Medicare to clients should be a high priority.

HCFA's choice of partner should be based on the topic about which HCFA wants to convey information to beneficiaries and on the criteria that beneficiaries feel is important for assessing sources (presented below). **The market research found that sources beneficiaries use to obtain information about the Medicare program depend on the type of information that is needed.**

As indicated in table 6.1 below, the MCBS analysis indicates that beneficiaries were more likely to prefer:

- Medicare sources (the Medicare program, a Medicare carrier, or a Medicare 800 number) to obtain information about:
  - ⇒ the Medicare program in general,
  - ⇒ the availability and benefits of Medicare HMOs (beneficiaries also ask HMOs for information if HMOs are available in their area); and

⇒ beneficiary charges for Medicare-covered services.

- A doctor or other medical provider for information on how to choose a doctor or how to stay healthy.
- An insurance company for information on supplemental insurance.

Table 6.1
Preferred Sources to Acquire Information About Specific Medicare Topics

	Information Topics					
Preferred Sources	**Medicare Program**	**Payment for Medicare Services**	**Supplemental Insurance**	**Medicare HMOs**	**Choosing or Finding a Doctor**	**Staying Healthy**
Community org., senior center, library	5.8%	2.5%	3.0%	3.3%	3.6%	6.4%
Doctor or provider	15.5%	11.6%	4.8%	6.5%	**28.3%**	**40.3%**
Medicare program, carrier, or 800 number	**37.4%**	**36.0%**	8.2%	**14.2%**	7.5%	4.1%
Insurance company	2.0%	3.1%	**17.6%**	5.4%	2.8%	2.0%
AARP or senior group	5.4%	1.2%	4.5%	2.7%	1.3%	2.4%
Family, friends, or caregiver	3.2%	1.5%	2.7%	2.7%	15.8%	6.0%
Other source	0.2%	0.2%	0.6%	0.3%	0.5%	1.3%
Doesn't want/need this information	30.5%	44.0%	58.5%	**64.9%**	40.2%	37.6%

The market research also found that beneficiaries consider the following criteria to be the most important for assessing the usefulness of information sources:

- Knowledge about Medicare, including the amount and accuracy of information;
- Timeliness;
- Trustworthiness;
- Clarity of presentation; and
- Strength and length of beneficiary's relationship with the source.

These criteria can help guide HCFA in choosing partners to deliver specific pieces of information to beneficiaries that will optimize their use of those sources.

Telephone Conversations/Toll Free (1-800) Numbers

In-person conversations with knowledgeable telephone customer service representatives can be sufficient to answer many of beneficiaries' detailed questions. Focus group participants described calling Medicare or the Social Security Administration when they had problems interpreting their EOMB statements or were confused by paperwork sent to them by their doctors or hospitals. What beneficiaries *dislike* about using the telephone are automated menus. The inventory research found that beneficiaries

Beneficiaries want a single toll-free Medicare hotline to call with their questions, but they strongly prefer to speak to a person instead of using an automated voice tree.

want a single 1-800 number, and they prefer a person to an automated voice tree. Focus group participants praised toll-free numbers that allow them to quickly reach someone who can answer their questions and effect warm transfers, but they were extremely critical of automated menus that are too long, contain confusing options, are not recited clearly, or do not offer the caller a chance to repeat the menu or "escape" to a real person.

There are several ways to make telephone hotline communication more useful for beneficiaries, including:

- **Improve telephone customer service.** Telephone customer service representatives should be trained to listen patiently, speak slowly and distinctly, adapt their pitch as needed, and should keep referrals to a minimum. They should be able to handle issues in-house whenever possible, or transfer the call to an appropriate resource.
- **Use a single toll-free number for all Medicare information**. Most large companies use a single toll-free number for all health benefit information. Both the literature review and interviews suggest that this method can also be effective for beneficiaries, who are often confused by the many "Medicare numbers" they see on different materials.
- **Improve automated telephone menus**. These menus should be made up of a limited number of options that are simple, exhaustive, and mutually exclusive. Provide estimates of waiting times, as well as an easy or even automatic bailout for beneficiaries who are having difficulty with the system or who want to speak directly with an operator.
- **Strengthen partnerships with providers**. Partnering with providers can considerably increase HCFA's reach. For example, advocacy-oriented senior groups are more likely to have live representatives on their telephone lines rather than an automated menu.

Computers and the Internet

The interactive possibilities of computers and the Internet have not yet been realized, in part because the current cohort of beneficiaries is not familiar with or does not regularly use this technology. Computing technology, and particularly the Internet, has expanded the possibilities for interactive information gathering.

Cost, psychological fears, and computer illiteracy are currently barriers for many Medicare beneficiaries. Very few focus group participants reported using a computer regularly. The MCBS analysis found that only 7 percent of the current generation of beneficiaries have access to the Internet. As younger cohorts age into Medicare, however, they will bring this expertise with them and these technologies will become a more vital component of HCFA's communication. There is evidence that the next generation of beneficiaries will be much more comfortable taking advantage of the interactive possibilities presented by computers. More than twice the percentage of beneficiaries ages 65 to 74 in the MCBS reported access to the Internet (and to a VCR) compared with individuals 85 years old or older. Furthermore, nearly one-third of those ages 55 to 75 own a personal computer.

Based on results from the market research, the type of information beneficiaries seek often determines which communication modes they prefer. It seems appropriate to disseminate

general information about the Medicare program and staying healthy through non-interactive vehicles, such as print materials and the media. Beneficiaries' specific questions on these topics should, as much as possible, be answered via interactive communications. While currently the cost of providing on-site counselors or increasing the number of live telephone operators may be prohibitive, computers and the Internet could provide the next generation of beneficiaries with more affordable and accessible opportunities for interactive communication.

Summary

Although certain types of information (e.g., general or basic questions) seem to be best disseminated through non-interactive communication modes, and certain types of information (e.g., navigational or situation-specific questions) are often best addressed through interactive communication modes, both types of communication tools will need to be employed in all three communication approaches discussed in Chapter 5. Beneficiaries with low literacy skills or poor vision, for example, may have trouble with many of the non-interactive materials. Instead, they will likely require interactive approaches whether HCFA's campaign is to educate beneficiaries about a particularly important topic or to make beneficiaries aware that information is available to them on a topic and how to access the information when needed.

In addition, reaching passive information seekers will require both interactive and non-interactive modes, especially for targeted campaigns on issues that HCFA wants all beneficiaries to know about. Dissemination of information through preferred sources for different types of beneficiaries and different topics will also help HCFA more effectively convey information to the entire Medicare population.